

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

13145

3347

AY 15 1940

Registration District No. 791

Primary Registration District No. 1003

WEIDE MUELLER

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital, #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Days
 (Specify whether
 In this community years, months or days) 2 Years

3. (a) PRINT FULL NAME William Doughty 2303. (b) If veteran, name war no 8. (c) Social Security No. 429-14-16164. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Grace Doughty 6. (c) Age of husband or wife if alive 40 years7. Birth date of deceased January 29th, 1883
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
57 2 13 hr. min.9. Birthplace Charleston Missouri 0
(City, town, or county) (State or foreign country)10. Usual occupation Barber11. Industry or business Barber Shop12. Name George Daughty13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)14. Maiden name Ann Wright15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Eileen Huger(b) Address 3923 Eiler Ave.17. (a) Burial (b) Date thereof April 13th
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New St. Marcus Cem18. (a) Signature of funeral director Henry Weidenmuller(b) Address 6203 Grays Ave.19. (a) APR 12 1940 (b) J. B. Bueck
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 22
 (If outside city or town limits, write "RURAL")
 (d) Street No. 918 South Fourth tr.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10,
year 1940 hour 7:30 minute A. M.21. I hereby certify that I attended the deceased from April
7, 1940, to April 10, 1940that I last saw him alive on April 10, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Hemorrhage 4 days

Due to _____

Due to HypertensionOther conditions 87
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Cerebral Hemorrhage

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Walter Ford (M. D. or other)Address 1515 Lafayette 8/10/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.